


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000132</b> 1. Entity Name <b>ENVIRONMENTAL PROFESSIONALS, INC.</b>	
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01192004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>38-3291175</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CLARK, WILLIE  
1035 PEACH TREE ST.  
COCOA, FL 32922

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing registered office.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

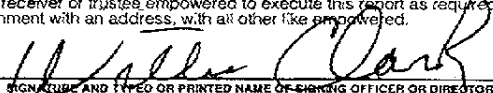
U00000016019  
01/28/04 00038-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CP CLARK, WILLIE 25950 LABANA WOODS DRIVE TAYLOR, MI 48180
TITLE NAME STREET ADDRESS CITY ST ZIP	DV BURTRAW, JOHNATHAN 30023 S. STOCKTON FARMINGTON HILLS, MI 48336
TITLE NAME STREET ADDRESS CITY ST ZIP	DST CLARK, CHARLENE 25950 LABANA WOODS DRIVE TAYLOR, MI 48180
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TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04  
Date

Daytime Phone #